

## Frequently Asked Questions (FAQs) for School TB Assessment

The State of Alaska has moved away from universal tuberculosis (TB) screening of different ages of school children to risk-based assessment. Current recommendations focus on assigning risk, i.e., testing only those children identified as having risk factors for tuberculosis. “Targeted testing” for tuberculosis places priority on these high risk groups by identifying those at the greatest risk for infection as well as those at risk for developing TB disease if infected (American Thoracic Society [ATS] & Centers for Disease Control & Prevention [CDC], 2000).

### **Who is responsible for school TB screening in Alaska?**

*While the Division of Public Health’s Tuberculosis Program establishes a comprehensive program for the control of TB in the state, and through **7 AAC 27.213** requires that each public and nonpublic school assess the TB status of each child, it is the responsibility of the school to perform this assessment, and to suspend children who are not in compliance. It is also the responsibility of each school to obtain and maintain signed consents from each student’s parent or guardian for TSTs done at school. This is especially important for schools who do NOT employ school nurses and who rely on Public Health Nurses, contract nurses, or Community Health Aide/Practitioners (CHAPs) to complete annual TB skin testing in high risk areas of Alaska.*

### **What do we do with students who start school, leave and then re-enroll in the school district?**

*Our policy has been that if a student returned to a district after a >2 year absence based on date of re-enrollment, they would be treated as a “new enterer” and require screening.*

### **If a student attended a private school in Anchorage and transfers to a public school in Anchorage are they considered “new to district”?**

*Students who move between public and private schools in the same community or city are NOT considered “new to district” and are not required to have TB assessment as “new school enterers”.*

### **My student attends a school which was formerly a high risk school with annual TB testing requirements. For the upcoming school year my school is now categorized as a low risk school. What TB screening does my student need?**

*If your student is new to the district, they should complete a Risk Assessment Questionnaire. A TST or IGRA is required for any students with a “YES” response on the Risk Assessment.*

### **What does “school enrollment” mean and what date does the proof of a tuberculin skin test (TST) or interferon gamma release assay (IGRA) “within the preceding six months” refer to?**

*The intent of the regulations is that “school enrollment” means the date that the student started attending school. For most students, this would refer to the first day of classes in the*

*Fall. For new students who start or enroll at a later date, this would refer to the day they start classes.*

*Students who provide proof of a TST or IGRA “within the preceding six months” do not need additional assessment of their TB status if the TST or IGRA was done within six months of when that student actually started school.*

**The regulations indicate that we have 90 days after enrollment to assess the TB status of the child. Does this mean that the TST or IGRA must be done within the 90 day period?**

*Yes. TB testing, if indicated, must be done within 90 days of enrollment.*

**What should we tell families about the “alternative laboratory-approved methods” mentioned in the current regulations?**

*“Alternative laboratory-approved methods” mentioned in the current regulations refers to IGRA testing. School districts can decide how they relay this information to families. IGRAs are an acceptable alternative to the TST, but the family must arrange for the testing, pay for it, and provide the results to the school district. Our state lab and the Alaska TB Program do not do or pay for IGRA testing. We would not expect school districts to fund IGRA testing.*

**It would be helpful to have more information regarding Western or Northern European countries.**

*The links below should provide the necessary information:*

<http://unstats.un.org/unsd/methods/m49/m49regin.htm>

**Does it matter whether a child was born on a U.S. military installation or base while in another country?**

*No; that child would still be considered “foreign-born”.*

**The risk assessment asks about immunosuppression, current or planned. At what dose of steroids would I check YES to immunosuppression on the screening tool?**

*Steroids (equivalent of prednisone  $\geq 2$  mg/kg/day, or  $\geq 15$ mg/day for  $\geq 2$  weeks).*

**Can the nurse (or health assistant) review the screening questionnaire over the phone with the parent and document it accordingly?**

*Nurses can both collect and interpret health information on the phone, in person, or through record review. It is a school district’s decision to allow health assistants to collect health history information from parents/guardians by phone, as long as they are not interpreting or making decisions based on the responses.*

<http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/RecommendedSchoolHealthServicesStaffRoles.pdf>

**Are there any exemptions or waivers to TB screening in school?**

*NO. The exemption by physician statement that a TB skin testing would be injurious to the student’s health was in the old regulations. This is NOT an option with the current*

*regulations. If a student “risks out” (YES on at least one question), has not had a TST (or IGRA) within the previous 6 months, and does not have a history of a prior (+) TST, he/she must have a TST or IGRA. There are NO other options. If the family opts for an IGRA, they must arrange for the testing, pay for it, and provide the results to the school district. Any mention of the provider affidavit needs to be deleted from any forms school districts might use.*

**How long must we keep the TB Risk Assessment Questionnaire?**

*Current regulations advise that the result of the health survey, TST, etc. needs to be recorded and retained by the school district in the permanent health record. As long as that occurs, school districts can decide how long to keep the form.*

**Will the State TB Report reflect the risk assessments?**

*Yes. The reporting format for the State TB report incorporates the risk-based approach for ALL low risk school districts and communities including non-public, private schools. The report will include the number of students new to the district, number of risk assessments done and results – positive and negative, number of TSTs and results – positive or negative, and the number of IGRAs and results – positive or negative.*

*The notification and reporting process may be done electronically. All superintendents will be notified by email of the screening and reporting requirements for their respective schools. They will be asked to forward the information to each school principal. Similarly, all non-public and private schools will be notified by email or FAX of the TB screening and reporting requirements for their schools.*

*All documents and references that schools and districts need are available at:*

*<http://dhss.alaska.gov/dph/Epi/id/Pages/tb.aspx>*

**The regulations say that schools and school districts must provide TB assessment or screening for PreK-12 grade students. At what age does this apply to PreK students?**

*The Alaska Department of Education and Early Development (EED) provides services to children beginning at age 3. Children ages 3 and older need TB screening as new school enterers. If private schools enroll children in preschool programs before the age of 3, there is no requirement for those children to have TB screening.*

**If preschoolers are considered new school enterers for the current year, then are preschoolers who were in the district last year considered returning students as kindergarteners? Would you recommend screening them with the risk assessment?**

*Preschoolers who return to the district as kindergarteners should NOT need the screening questionnaire IF they had a risk assessment or TST when they were first new to district. If they did NOT have a TST in PreK, they should be screened now by the risk assessment [questionnaire](#) since they'll never be “new to district” again. Ideally the assessment and TST, if indicated, can be done within 90 days of enrollment this fall.*

**The risk assessment questionnaire does not collect information about students with prior positive TSTs or IGRAs. How should this be handled?**

*The risk assessment was designed ONLY to identify students needing TSTs or IGRAs. Any student with a documented positive TST or IGRA would not be retested. We developed a brief [questionnaire](#) that school districts can use to determine current TB risk as well as to document past history and treatment.*

**What if a student with a previous positive TST or IGRA test answers “Yes” to any of the 3 questions besides the foreign born question, do they need to get a current TB clearance from the PHN or their health care provider for TB risk assessment compliance?**

*No. This question is not addressed in regulation so it is essentially up to the school district to determine requirements. Many schools may follow-up with symptom screening. We developed a brief [questionnaire](#) that school districts can use to determine current TB risk as well as to document past history and treatment.*

**What do I do if the child has a new positive test for TB infection?**

*Children with a new positive test for TB infection (TST or IGRA) should promptly be referred to their health care provider for further evaluation to rule out active disease. The evaluation will include a symptom screen, physical examination and CXR (chest x-ray).*

**What is a positive TST result in Alaska?**

Induration Size	Considered Positive For:
5 mm or more	Recent contacts of a suspected or known case of tuberculosis (TB) disease Persons suspected to have tuberculosis disease Persons with human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) Persons with fibrotic lesions on chest radiograph consistent with healed TB Persons with organ transplants or other immunosuppressed persons (such as those receiving the equivalent of >15 mg/day of prednisone for >1 month) Persons receiving treatment with tumor necrosis factor-alpha (TNF- $\alpha$ ) antagonists
10 mm or more	All others

**Does TB testing interfere with child vaccinations?**

*TB testing must be done on the same day as live viral vaccination administration. (Live viral vaccines currently in use include influenza [only some formulations], measles, mumps, rubella (MMR) and varicella). If TB testing and live viral vaccine administration are not done*

*on the same day, one month must pass before TB testing. Interaction with the live viral vaccines may give a false negative result if this one month waiting period is not observed.*

#### **How do I order PPD for school screening?**

*PPD can be ordered directly from the State of Alaska Drug Room by completing the PPD Order Form (See web link below). Due to increasing costs, **when possible** please order the larger 50 dose vial (5mL) compared to 5 x 10 dose vials (1mL) for:*

- *large screening clinics*
- *scheduled testing that can use **more than half** of the 50 dose vial within 30 days of first puncture/opening.*

*If you have any questions please contact the Drug Room at 907-341-2207 or 907-341-2209.  
[http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/TB/TB\\_OrderFormPPD.pdf](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/TB/TB_OrderFormPPD.pdf)*

#### **Since a vial of PPD testing serum expires within 30 days of being opened, how can we avoid wasting it (especially in the smaller schools)?**

*School nurses may want to check with local PHNs or providers and consider referring children to these resources for TSTs if no cost will be incurred by the family. Documentation of testing and results would then need to be provided to the school. It is also an option to transfer an opened vial to another school or public health center if the **proper cold chain** has been maintained during transport and it can be used within 30 days of opening. For information regarding cold chain management and proper packing during transport please see - <http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html>*

#### **Who should I contact if the vial(s) have possibly been involved in a temperature excursion?**

*Any time that you suspect that the vials have been involved in a prolong temperature excursion whether too cold or too warm, please quarantine the affected vials and contact the Drug Room at 907-341-2207 or 907-341-2209 as soon as possible. Please do not discard the vials until instructed as full (unopened) vials may be returned to a reverse distributor for credit.*

#### **Who can I call if I have additional questions about TB school screening in Alaska?**

*Please contact the Alaska Section of Epidemiology Tuberculosis program at 907-269-8000.*